PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Alexander Instrument Location Alexander County SD
Instrumer	at Serial No. OCO8813 91 Commercial Park Ave., Tay loss 11.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 29th day of September, 2016 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
REAL CREAT SEA	Signature of Certifying Official Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 09/29/2016 Test Record Number: 1525

Date: 09/29/2016 Test Time: 8:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:38am
FLO	Pass	8:38am
FC	Pass	8:38am

Temperature Tests

Test	Status	Time
FC1	Pass	8:38am
SRC	Pass	8:38am
DET	Pass	8:38am
BAR	Pass	8:38am
\mathtt{BT}	Pass	8:38am

Blank Tests

Test	Status	Time
AIR	Pass	8:39am

Printer Tests

Test	Status	Time
PRNT	Pass	8:39am

CRC Tests

Test	Status	Time
COMP	Pass	8:39am
CAL	Pass	8:39am

Preventive Maintenance Status: Pass

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 09/29/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E Effective: 01/01/2016-01/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test :	g/210L	Time
DIAG	Pass	8:42am
AIR BLK	.00	8:42am
ACCY CHK	.07	8:43am
AIR BLK	.00	8:44am
SUB TEST	.00	8:44am
AIR BLK	.00	8:45am
SUB TEST	.00	8:47am
ATR BLK	0.0	8 • 4 8 a m

Reparted AC. .00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	She Instrument Location Ashe Co	ounty Jail
Instrument Se	erial No. DO 8849 Jeffers	on, N.C.
four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fare:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration daysimulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
procedures w	on the day of senter, 20 6 the forger performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE STATE OF THE	Carth (Mac/10)	<u> </u>
	Signature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG525303 Exp Date: 09/10/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:12am 11:13am 11:13am 11:14am 11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 09/26/2016

Test Record Number: 1009
Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:19am
FLO	Pass	11:19am
FC	Pass	11:20am

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CPC Tests	

Test	Status	Time
COMP	Pass	11:20am
CAL	Pass	11:20am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

County A	lleg hany	Instrument Location Allogha	my County Jain
Instrument Ser	ial No. <u>00.8890</u>	Sparto	, N.C.
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	ı simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration d nged every four months or after 125 Alco	
	re performed on the instrument inc	the forg ficated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
STATE OF STA	NORTH CCAR Sign	A Continue of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:38pm 12:39pm
ACCY CHK	.07	12:40pm
AIR BLK SUB TEST	.00 . 00	12:40pm 12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:44pm
ATR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 618

Test Date: 09/26/2016

Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Brunswick Instrument Location Brunswick Count
Instrument Ser	ial No. 008585 Sheriff Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or	the day of day of , 20/6 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C.
	Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF	NORTH THE PARTY OF
THE CLUB AND THE CARE	IS A.C. Malle 601
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 09/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.07	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	-00	2:28pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC:

ر 210 J

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

Analyst

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 09/28/2016 Test Record Number: 3607

Test Time: 2:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance Status: Pass

Apalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II		
County 150	unswick Instrument Location Brunswick Count,	
Instrument Seria	INO.008602 Sheriff Department	
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	the day of say the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.	



Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 09/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403

Exp Date: 06/23/2017

'l'est	g/210L	Time
DIAG AIR BLK	Pass	2:15pm 2:16pm
ACCY CHK	.08	2:10pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
ATR BLK	. 00	2:22pm

Reported AC:

Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 3626

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:23pm 2:23pm
FC	Pass	2:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm

CRC Tests

Test	Status	Time
COMP	Pass .	2:24pm
CAL	Pass	2:24pm

Preventive Maintenance Status: Pass

- Chalyst

PREVENTIVE MAINTENANCE RECORD

County_	INTOXIMETERS, MODEL INTOX EC/IR II	/
Instrument So	Gerial No. 008648 Jolice Departmen	<u>24</u>
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once e are:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
procedures w	on theday ofday_day_day_day_day_day_day_day_day	nance



Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 09/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:21am 9:21am 9:22am
AIR BLK SUB TEST	.00	9:23am 9:23am
AIR BLK SUB TEST	.00 .00	9:24am 9:26a m
ATR BLK	. 0.0	9:27am

Reported AC:

g/21,0L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 1452

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:28am
FLO	Pass	9:28am
FC	Pass	9:28am

Temperature Tests

Test	Status	Time
FC1	Pass	9:28am
SRC	Pass	9:28am
DET	Pass	9:28am
BAR	Pass	9:28am
BT	Pass	9:28am

Blank Tests

Test	Status	Time
AIR	Pass	9:29am

Printer Tests

Test	Status	Time
PRNT	Pass	9:29am

CRC Tests

Status	Time
Pass	9:29am
Pass	9:29am
	Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Tip as their	*	RS, MODEL INTOX E	C/IR II
County /	runsaliek	Instrument Location	Set Sexch
Instrument Seri	al No. <u>OOBB74</u>	Police	Depart M
	1 Coult I	Assistant Madal Inter EC/ID II	to be followed at least once avery
four months are		toximeters, Model Intox EC/IR II	to be followed at least office every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic gree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		er.
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expira aged every four months or after 12:	
	e performed on the instrument ind	the instrument is functioning proper	
THE STATE OF THE S	A CAROLINA		And the state of t
	Sign	ature of Certifying Official	Certificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 09/28/2016

Citation Number: M0000000-0

Subject s Name

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/2	10L Ti	_me
DIAG AIR BI	Pas LK .00):17am):18am
ACCY (CHK .08	10):18am
AIR BI			:19am
AIR BI	-):20am):21am
SUB T		10	:23am
ATR BI	Υ 00	10	1 · 24 am

Reported AC: .00 9/2/01

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 542

Test Date: 09/28/2016 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

CRC Tests

Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance Status: Pass

Analyst

County	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Solden location 3/90/en locaty
Instrument Se	rial No. 008818 Sheriff Department
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of



Signature of Certifying Official

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:59pm 12:59pm 1:00pm 1:01pm 1:02pm
AIR BLK	.00	1:02pm 1:03pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm

Reported AC:

00∕⁄q/210L,

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 1269
Test Date: 09/27/2016 Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR-II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.

Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Numbe

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:59pm 1:00pm
ACCY CHK	.08	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC:

00/d/210L

Signature of Chemical Analyst

Court CVR

//Analyst

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 841 Test Date: 09/27/2016 Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	1:12pm
FLO FC	Pass Pass	1:12pm 1:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

CRC Tests

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BL	Instrument Location BA+ Mobile Uni+)
Instrument Se	rial No. <u>008970</u>
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the <u>23</u> day of <u>Septem ber</u> , 20 <u>14</u> the forgoing preventive maintenance bere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

BÜRKE BAT MOBILE UNIT 11 110

Serial Number: 008970 Test Date: 09/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	8:02pm 8:03pm
ACCY CHK	.08	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:05pm
AIR BLK	.00	8:06pm
SUB TEST	00 مر	8:07pm
AIR BLK/	7 .00	8:08pm

Penorted AC.

%0∕g/210L

Signature of Chemical Analyst

Court Cyr

Analyst

BURKE BAT MOBILE UNIT 11 110

Serial Number: 008970 Test Record Number: 237
Test Date: 09/23/2016 Test Time: 8:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
\mathtt{BT}	Pass	8:12pm

Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

CRC Tests

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (HATHAM Instrument Location CHATHAM Co. JAIL
Instrument Se	rial No. 008591 /777330RO, NC
The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months as	
1 1 2 1. 1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF THE STATE OF THE OWN 20. 1775	Signature of Certifying Official Certificate Number

CHATHAM COUNTY JAIL 180

Serial Number: 008591 Test Date: 09/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	4:21pm
AIR BLK	.00	4:22pm
ACCY CHK	.08	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:24pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm

. /0101

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

) Analyst

CHATHAM COUNTY JAIL 180

Serial Number: 008591

Test Record Number: 1771 Test Time: 4:29pm EDT

Test Date: 09/19/2016

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO	Pass	4:29pm
FC	Pass	4:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4: 29pm
BT	Pass	4:29pm

Blank Tests

Test	Status	Time
AIR	Pass	4:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm

CRC Tests

Test	Status	Time
COMP	Pass	4:30pm
CAL	Pass	4:30pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	' INTOXIMETI	ers, Model in Ioa ec	. In.
County (abarbas	Instrument Location Cabo (ius County SU
Instrument Se	rial No. <u>OOSOJ-5</u>	30 Corban Av. Co	meand
-			
The preventive four months a	-	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic br legree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
. 5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
procedures we	ere performed on the instrument if	dicated above, in accordance with current is functioning properly	ent regulations of the N.C.
THE STATE OF THE COLUMN TO SEE ALL SEE	SOUTH CAROLINA (M. J. Lew	656
	þi <u>í</u>	nature of Certifying Official	Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 09/27/2016 Test Record Number: 4352
Test Time: 9:27am EDT

.

System Check: Passed Baseline Tests

Test	Status	Time
IR	Pass	9:28am
FLO	Pass	9:28am
FC	Pass	9:28am

Temperature Tests

Test	Status	Time
FC1	Pass	9:28am
SRC	Pass	9:28am
DET	Pass	9:28am
BAR	Pass	9:28am
BT	Pass	9:28am

Blank Tests

Test	Status	Time
AIR	Pass	9:29am

Printer Tests

rest	Status	Time
PRNT	Pass	9:29am

CRC Tests

Test	Status	Time
COMP	Pass	9:29am
CAL	Pass	9:29am

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 09/27/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	9:31am
AIR BLK	.00	9:31am
ACCY CHK	.08	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am

-- /0107

m - - - -

.00 g/210L

Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of

rtifying Official

Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Record Number: 2282

Test Date: 09/27/2016

Test Time: 9:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:23am
FLO	Pass	9:23am
FC	Pass	9:23am

Temperature Tests

Status	Time
Pass	9:23am
	Pass Pass Pass Pass

Blank Tests

rest	Status	Time
AIR	Pass	9:24am

Printer Tests

Test	Status	Time
PRNT	Pass	9:24am

CRC Tests

Test	Status	Time
COMP	Pass	9:24am
CAL	Pass	9:24am

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	9:26am
AIR BLK	.00	9:27am
ACCY CHK	.08	9:27am
AIR BLK	.00	9:29am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:32am
ATR BIK	0.0	9.32am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>y</i> *^	\ \	ERB, MODEL INTOX EC	/IK II
County (abarrus	Instrument Location_ Cabati	us Canty SD
Instrument Se	erial No. <u>()08</u> 590	30 Corban Ave.	Contord
			•
The preventive four months a	•	e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;	· 	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration changed every four months or after 125 A	
proceaures w		indicated above, in accordance with currend the instrument is functioning properly	
STATE STATE			
S 120, 17	C. C		
GEE	S AR		
A SEE QUAMV		Milder	656
	- (70°	Signature of Certifying Official	Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 2769

Test Date: 09/27/2016

Test Time: 9:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:33am
FLO	Pass	9:33am
FC	Pass	9:33am

Temperature Tests

Test	Status	Time
FC1	Pass	9:34am
SRC	Pass	9:34am
DET	Pass	9:34am
BAR	Pass	9:34am
BT	Pass	9:34am

Blank Tests

Time

AIR Pass 9:34am

Printer Tests

Test	Status	Time
------	--------	------

PRNT Pass 9:34am

CRC Tests

Test	Status	Time
エしっし	Duadan	

COMP Pass 9:34am CAL Pass 9:34am

Preventive Maintenance Status: Pass

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	9:39am
AIR BLK	.00	9:40am
ACCY CHK	.08	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:45am
ATR BLK	. 0.0	9:46am

Reported AC: \ 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· · · · · · · · · · · · · · · · · · ·	INTOXIMETE	ers, model in fox ec	ARII
County (abarrus	Instrument Location Kann	
Instrument Se	rial No. <u>008589</u>	401 Laureate W	lay, Kannapolis
-		· .	<i>f</i>
The preventive four months a	<u>-</u>	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic but legree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		•.
9.	Verify Diagnostic Program; a	nd .	
10.		nister is being changed before expirati anged every four months or after 125	
I certify that of procedures we Department o	on the <u>27th</u> day of <u>Sec</u> ere performed on the instrument in f Health and Human Services, and	the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
OBEAT IN COLOR	SANORE CARROLL AND		
APRIL 12. THE SECOND VIOLENCE OF COLUMN OF C			656

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 2577

Test Date: 09/27/2016 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	10:21am 10:21am
DET	Pass Pass	10:21am
BAR	Pass	10:21am
\mathtt{BT}	Pass	10:21am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

Test	Status	Time
PRNT	Pass	10:22am

Time

CRC Tests

Test	Status	Time
COMP	Pass	10:22am

Preventive Maintenance Status: Pass

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:25am 10:25am
ACCY CHK		10:25am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
ATR BLK	.00	10:31am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

County	Instrument Location Columbus Car.
Instrument Seri	al No. 008886 Sherift Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A	CARLE CAROLLE

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:08pm 3:08pm 3:09pm 3:10pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: .00 g//10/

Signature of Chemical Analyst

Court CVR

Apalyst Apalyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 1252
Test Date: 09/27/2016 Test Time: 3:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:15pm 3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm
	CDC E	

CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. Chen be, 20 // the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 09/27/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	3:08pm 3:09pm 3:10pm 3:11pm 3:11pm 3:12pm 3:13pm 3:14pm
WIK DHV	.00	2:14DIII

Reported_AC: .00/g//210L

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 1839
Test Date: 09/27/2016 Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:16pm 3:16pm
FC	Pass	3:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:17pm 3:17pm

Preventive Maintenance Status: Pass

Ahalyst

Source is used when performing Brown tive Meintenance and

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (a	mden	Instrument Location Ca	nder Co.S.O.
Instrument Se	rial No. 008940	113 Hwy 34	
		· · · · · · · · · · · · · · · · · · ·	
The preventive four months a	· ·	Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		nolic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
	on the 13 th day of Softere performed on the instrument in f Health and Human Services, and	idicated above, in accordance w	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF THE S	S AROUND A		
manne	- Kell N	gnature of Certifying Official	Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 09/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:11pm 12:12pm 12:13pm 12:14pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm

Reported AC: .00 g/210L

Signature of Chemical

Court CVR

7

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 09/13/2016 Test Record Number: 795 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:19pm 12:19pm 12:19pm 12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:20pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	12:20pm	
	CRC Tests		
Test	Status	Time	

CAL Pass 12:20pm

Pass

12:20pm

Preventive Maintenance Status: Pass

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARteret	Instrument Location_	EMERALO	Isle PL
Instrument Ser	rial No. <u>00 86 20</u>			
The preventive four months ar	e maintenance procedures for the Interes:	oximeters, Model Intox	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the aree centigrade;	llcoholic breath simul	ator thermometer shows
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			·
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath sample	;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed befored every four months of	ore expiration date, or r after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
I certify that of procedures we Department of	on theday ofday of	cated above, in accordance instrument is function	ce with current regula	preventive maintenance ations of the N.C.
WAND SET AND S	C L esta	ture of Certifying Offici	ial C	354 Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 09/07/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:18pm 12:19pm 12:19pm
AIR BLK SUB TEST	.00 .00	12:20pm 12:21pm
AIR BLK SUB TEST	.00 .00	12:22pm 12:24pm
AIR BLK	.00	12:25pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Test Record Number: 1826 Serial Number: 008620 Test Time: 12:25pm EDT Test Date: 09/07/2016

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	12:26pm	
FLO	Pass	12:26pm	
FC	Pass	12:26pm	

Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
$\mathtt{B}\mathbf{T}$	Pass	12:26pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27pm 12:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 64	Instrument Location Atlantic Beach PL
Instrument Seri	al No. <u>OD 8785</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of, 20 / the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	- Can 11 E-Hall 35-4
	Signature of Certifying Official Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 09/07/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:23am 11:24am 11:24am
AIR BLK	.00	11:25am
SUB TEST AIR BLK	.00 .00	11:26am 11:27am
SUB TEST		11:28am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Holf Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 09/07/2016 Test Record Number: 886
Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	11:30am	
FLO	Pass	11:30am	
FC	Pass	11:30am	

Temperature Tests

Γ.	Status	
1:	Pass	1:30am
1:	Pass	1:30am
1	Pass	1:30am
1:	Pass	1:30am
1	Pass	1:30am
1 : 1 : 1 :	Pass Pass Pass	1:30ar 1:30ar 1:30ar

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRĊ Tests	
Test	Status	Time
COMP	Pass	11:31am

Preventive Maintenance Status: Pass

Pass

11:31am

CAL

Rand E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count	ty_CAK	Instrument Location Morehead City D		
Instru	ment Seria	INO. <u>00873/</u>		
	reventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
	2.	Verify instrument displays time and date;		
1. * *	3.	Initiate breath test sequence;		
	4.	Enter information as prompted;		
	5.	Verify instrument accuracy;		
	6.	When "PLEASE BLOW" appears, collect breath sample;		
	7.	When "PLEASE BLOW" appears, collect breath sample;		
	8.	Print test record;		
	9.	Verify Diagnostic Program; and		
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
proce	ify that on edures were artment of I	theday of		
THE GREAT SE	OF THE STATE OF ANY 20, 1775	Signature/of Certifying Official Certificate Number		

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 09/07/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901

Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:53am 10:53am
ACCY CHK	.07	10:54am
AIR BLK	.00	10:55am
SUB TEST	-00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
AIR BLK	. 00	10·59am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731

Test Record Number: 1830

Test Date: 09/07/2016

Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DEŤ	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CPC Tests	

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

Rank & Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location CARteret County
Instrument Ser	ial No. 008605 SHERIFF'S OFFICE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of
CHE STATE OTHER S	

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 09/07/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:04am 10:05am 10:06am 10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605

Test Record Number: 3550

Test Date: 09/07/2016

Test Time: 10:11am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:11am
FLO	Pass	10:11am
FC	Pass	10:11am

Temperature Tests

Test	Status	Time
FC1	Pass	10:11am
SRC	Pass	10:11am
DET	Pass	10:11am
BAR	Pass	10:11am
BT	Pass	10:11am

Blank Tests

Test	Status	Time
AIR	Pass	10:12am

Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:12am

10:12am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	eteret Instrument Location LANGER	of County_
Instrument Seria		/
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ellowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
	theday ofdepth depth d	ing preventive maintenance egulations of the N.C.
OR STATE OF THE ST	Signature of Certifying Official	354 Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 09/07/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:03am
AIR BLK	.00	10:03am
ACCY CHK	.08	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1456
Test Date: 09/07/2016 Test Time: 10:10am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:10am
FLO	Pass	10:10am
FC	Pass -	10:11am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	10:11am 10:11am 10:11am
BAR	Pass	10:11am
\mathtt{BT}	Pass	10:11am

Blank Tests

Test	Status	Time
AIR	Pass	10:11am

Printer Tests

Test	Status	Time
PRNT	Pass	10:11am
·	CRC Tests	
Test	Status	Time

COMP Pass 10:11am CAL Pass 10:11am

Preventive Maintenance Status: Pass

Rand E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ial No. <u>008593</u>	231 COUNTY PARK RD	YANCEYVILLEINK
			The state of the s
our months are	•	imeters, Model Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath sir centigrade;	nulator thermometer shows
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	·	
10.		is being changed before expiration date every four months or after 125 Alcohol	
	the day of SEPT. The performed on the instrument indicate the Health and Human Services, and the instrument indicate the services.	EMPE M., 20 / 6 the forgoin ed above, in accordance with current registrument is functioning properly.	g preventive maintenance gulations of the N.C.
The state of the s	•		
OF THE STATE OF	NO.		
		2 Danith	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 09/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:37pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1380

Test Date: 09/08/2016

Test Time: 1:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:44pm 1:44pm
FC	Pass	1:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time
' 7. TD	Pagg	1 · 45pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm

CRC Tests

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

Analyst (

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	RAUCH Instrument Location CRAVEN COUNTY
Instrument Se	erial No. 008732 SHERIFIS OFFICE
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the S day of September, 20 / the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
TALL TO THE STATE OF THE STATE	ON OR THE CANON TO

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 09/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:00pm 12:01pm 12:01pm 12:02pm 12:03pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E Holf
Analyst

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732

Test Record Number: 1748

Test Date: 09/08/2016

Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
ATR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>CK</u>	RAVEN Instrument Location New BERN AS	
Instrument Ser	erial No. <u>00 88 / 7</u>	
The preventive four months ar	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least oncare:	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	eter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	breath itor tests,
I certify that of procedures we Department of	on the S day of Sestember, 20/6 the forgoing preventive main vere performed on the instrument indicated above, in accordance with current regulations of the North Health and Human Services, and the instrument is functioning properly.	intenance I.C.
THE STATE OF THE S	CAROLINA	mber

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 09/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:59am 10:59am
ACCY CHK	,08	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
ATR BLK	. 0.0	11:05am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 09/08/2016

Test Record Number: 1208

Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

Blank Tests

Test	Status	Time
ATR	Pass	11:07am

Printer Tests

Test

COMP

CAL

PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time

Status

Time

11:07am

11:07am

Preventive Maintenance Status: Pass

Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LRAVEN Instrument Location MLAS CHERRY F	DINT_
Instrument	ent Serial No. <u>010819</u>	· · · · · · · · · · · · · · · · · · ·
The prevent	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on this are:	once every
1.	 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermostates, plus or minus .2 degree centigrade; 	ometer shows
2.	. Verify instrument displays time and date;	
, 3.	. Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	. Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	olic breath nulator tests,
procedure	that on the Say of Sestembel., 20 / the forgoing preventive a tres were performed on the instrument indicated above, in accordance with current regulations of the ment of Health and Human Services, and the instrument is functioning properly.	maintenance e N.C.
CREAT STATE OF THE CREAT STATE OF THE CREAT STATE OF THE CREAT STATE STA	STATE OF NORTH COLUMN TOOM TO THE COLUMN TO THE COLUMN TOOM TO THE COLUMN TO THE COLUMN TOOM TO THE COLUMN TO THE COLUMN TOOM TO THE COLUMN TO THE COLUM	/

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 09/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57am 9:58am
ACCY CHK	.08	9:59am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 468
Test Date: 09/08/2016 Test Time: 10:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:04am
FC	Pass	10:04am

Temperature Tests

Status	Time
Pass	10:04am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Status

Test

Time

PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:05am 10:05am

Preventive Maintenance Status: Pass

Rand E Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAUCN Instrument Location HAVE LOCK PD
Instrument Se	rial No. <u>008800</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
i.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the <u>San bell</u> , 20/6 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE SHE TO SERVE THE STATE OF THE STATE SHE SHE SHE SHE SHE SHE SHE SHE SHE SH	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificaté Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 09/08/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	9:25am
AIR BLK	.00	9:25am
ACCY CHK	.08	9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:30am
ATR BLK	. 00	9:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 09/08/2016

Test Record Number: 1042 Test Time: 9:31am EDT

System Check: Passed

Baseline Tests

Test		Status	Time
IR		Pass	9:31am
FLO		Pass	9:31am
F'C	***	Pass	9:31am

Temperature Tests

Test	Status	Time
FC1	Pass	9:31am
SRC	Pass	9:31am
DET	Pass	9:31am
BAR	Pass	9:31am
BT	Pass	9:31am

Blank Tests

Test	Status	Time
AIR	Pass	9:32am

Printer Tests

Status

Time

Test

PRNT	Pass	9:32am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:32am 9:32am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

M	INTOXINETERS, MODEL INTO	il la a a
County (La)	Vitacle Instrument Location (a	wituck Co. S.O.
Instrument Serie	al No. 008947 407-A Mag	ole Rd., Maple, No
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcolour 34 degrees, plus or minus .2 degree centigrade;	nolic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or aft whichever occurs first.	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
I certify that or procedures wer Department of	the 13 day of September, 20 16 re performed on the instrument indicated above, in accordance the Health and Human Services, and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
STATE OF THE STATE	A CORDINATION OF THE PROPERTY	
APRIL 12, 1776 **ESE QUAM VIDES	Signature of Certifying Official	Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 09/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:34am 11:35am 11:35am 11:36am 11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 1933

Test Date: 09/13/2016

Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time

11:43am

11:43am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

يون مو ما مو	INTOXIMETERS, MODEL INTOX EC/IR II	
County	Duplin Instrument Location Duplin Con	1 12 4-61
Instrument Se	Serial No. 008864 Sheriff Deg	Define,
	<u> </u>	
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lare:	east once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	ermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
. 4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the al simulator solution is being changed every four months or after 125 Alcoholic Breath	
	whichever occurs first.	
procedures we	t on the day of	tive maintenance of the N.C.
-		•
STATE STATE	TE OF	
A 120, 1775		

Signature of Certifying Official

Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 09/26/2016

Citation Number: M0000000~0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

- "

Lot Number: AG607501 Exp Date: 03/15/2018

Tect

1656	9/2101	TIME
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

a/210T.

Time

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Knalyst

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 2951
Test Date: 09/26/2016 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	

Status	Time
Pass Pass	1:48pm 1:48pm
1000	IOD!!!
	2 2 2 2 3 3 3

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 10R3	Intoximeters, MODEL INTOX ECTR II Instrument Location FORSYth County Determine
Instrument Serial	No. 008659 Winston-Sakm, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of <u>Fire More</u> , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TARA D. JIP	Significant Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008659 Test Date: 09/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607602 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:06pm 12:07pm 12:08pm 12:08pm 12:09pm 12:10pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm

00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 4134
Test Date: 09/06/2016 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:14pm 12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time

12:15pm

12:15pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Anal√st

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECHN II	January Comment
County_	RANKLIN Instrument Location FRANKLINTON	PD_
Instrument Se	erial No. 008815 #7 West MASON ST	
	FRANKlinton, NC	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least or are:	nce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermor 34 degrees, plus or minus .2 degree centigrade;	neter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholisimulator solution is being changed every four months or after 125 Alcoholic Breath Simu whichever occurs first.	ic breath lator tests,
I certify that procedures we Department of	on the 22 day of 567, 20 16 the forgoing preventive mere performed on the instrument indicated above, in accordance with current regulations of the of Health and Human Services, and the instrument is functioning properly.	aintenance N.C.
One STATE	E ON OR THE STATE OF THE STATE	
STEE QUAM V	Drum DAMES 66	
	Signature of Certifying Official Certificate N	umber

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 09/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:26am 10:27am 10:28am
AIR BLK SUB TEST	.00 .00	10:28am 10:29am
AIR BLK	.00	10:29am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Record Number: 1045

Test Date: 09/22/2016

Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36am
FLO	Pass	10:36am
FC	Pass	10:36am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:36am 10:36am 10:36am 10:36am 10:36am

Blank Tests

$T\epsilon$	est	Status	Time
Α.	TR	Pass	10:37am

Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:37am 10:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FA	ANKLIM	Instrument Location_	FRANKLIN	6 LEC	
Instrument Ser	ial No. <u>008</u> 933	287 T. Keny Louisburg.	p Ro		
The preventive four months are	maintenance procedures for the Int	•	EC/IR II to be follow	ed at least once every	
. 1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr		alcoholic breath simu	lator thermometer shows	
2.	Verify instrument displays time	and date;	•		
3.	Initiate breath test sequence;			·	
4.	Enter information as prompted;		•		
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appea	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.				
I certify that on procedures wer Department of	the 22 day of 540 day of Health and Human Services, and the	, 20_ cated above, in accordance instrument is functioni	the forgoing poet with current regularing properly.	preventive maintenance ations of the N.C.	
THE STATE OF THE S	Signal Signal	Las Jurue ture of Certifying Officia	<u></u>	662 Certificate Number	

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 09/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:41am 11:42am 11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
ATR BLK	0.0	11.48am

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 810 Test Date: 09/22/2016 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

Temperature Tests

Test	Status	T'ime
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		RS, MODEL INTOX EC	
-		Instrument Location FRANKA	
Instrument Seri	ial No. <u>(X) 8942</u>	285 TKEMPRO	LOUISBURG, NC
The preventive four months are		ntoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brea egree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		ister is being changed before expiration inged every four months or after 125 Al-	
		PTEM BER, 20 16 the fo dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF THE STATE OF TH	4	S D SMACK nature of Certifying Official	637 Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 09/22/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK ACCY CHK	.00	11:41am 11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 09/22/2016 Test Record Number: 1080 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:03pm 12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
ВТ	Pass	12:03pm

Blank Tests

'l'est	Status	Time
AIR	Pass	12:04pm

Printer Tests

PRNT	Pass	12:04pm
Test	Status	Time

CRC Tests

Test	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location UNC - Greens bor o
Instrument S	erial No. 008604 Police Department
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 27 day of September, 20/6 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 09/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:39pm 2:39pm 2:40pm 2:41pm 2:42pm 2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1474
Test Time: 2:51pm EDT

Test Date: 09/29/2016 Test

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
$\mathtt{B}\mathbf{T}$	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm

CRC Tests

Test	Status	Time
COMP	Pass	2:53pm
CAL	Pass	2:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Guiltord Instrument Location Greens boro PD
Instrun	nent Serial No. 008725 100 Police PHZNErecusturo, WC.
	•
	eventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every onths are:
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
. 2	2. Verify instrument displays time and date;
3	Initiate breath test sequence;
4	Enter information as prompted;
:	5. Verify instrument accuracy;
	6. When "PLEASE BLOW" appears, collect breath sample;
s	7. When "PLEASE BLOW" appears, collect breath sample;
	3. Print test record;
9	9. Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	y that on the 29 day of September, 20 16 the forgoing preventive maintenance ures were performed on the instrument indicated above, in accordance with current regulations of the N.C. ment of Health and Human Services, and the instrument is functioning properly.
GREAT STA	STATE OF THE STATE

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 09/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:37pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L'Hun Dean
Analyst

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 3729

Test Date: 09/29/2016 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:43pm
	1. 1. K	
SRC	Pass	1:43pm
DET	Pass	1:43pm
BAR	Pass	1:43pm
BT	Pass	1:43pm

Blank Tests

Test		Status	У.	Time	
				,	
		1 to			

AIR Pass 1:44pm

Printer Tests

Test	Status	rime
	. +	- · · · · · · · · · · · · · · · · · · ·
and the second second		
PRNT	Pagg	1 · 44 m

CRC Tests

Test		Status	:	Time
COMP	•	Pass	:	1:44pm
CAL		Pass	1	1:44pm

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECO	
County	2ASTON Instrument Location BAT	NOBILE?
Instrument Se	erial No. 008968	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
	on the <u>September</u> , 20 <u>le</u> the forere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	
TATE OF THE STATE		
* ESE QUAM VI	Signature of Certifying Official	Certificate Number

GASTON BAT MOBILE UNIT 7 350

Serial Number: 008968 Test Date: 09/24/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:54pm 8:55pm 8:55pm 8:56pm 8:57pm 8:57pm
AIR BLÆ	.00	9:00pm

Reported AC:

0 g*∥2*10I

Signature of Chemical Analyst

Court CVR

Analyst

GASTON BAT MOBILE UNIT 7 350

Serial Number: 008968 Test Record Number: 193

Test Date: 09/24/2016 Test Time: 9:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:02pm
FLO	Pass	9:02pm
FC	Pass	9:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
DET	Pass	9:02pm
BAR	Pass	9:02pm
BT	Pass	9:02pm

Blank Tests

Test	Status	Time

AIR Pass 9:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm

CRC Tests

Test	Status	Time
COMP	Pass	9:03pm
CAL	Pass	9:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR JI

County	INTOXIMETERS, MODEL INTOX EC/IR II ASTON Instrument Location SAT MOBILE 7
Instrument S	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>24th</u> day of <u>September</u> , 2016 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GASTON BAT MOBILE UNIT 7 350

Serial Number: 008969 Test Date: 09/24/2016

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	9:17pm 9:18pm 9:18pm 9:19pm 9:20pm
AIR BLK SUB TEST	.00 .00	9:20pm 9:22pm
AIR BLK/	.00	/9:23/pm

Reported AC:

0/0 σ*l/*2/1.0Τ

Signature of Chemical Analyst

Court CVR

Analyst

GASTON BAT MOBILE UNIT 7 350

Serial Number: 008969 Test Date: 09/24/2016 Test Record Number: 194
Test Time: 9:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

Blank Tests

Test	Status	Time
AIR	Pass	9:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:26pm

CRC Tests

Test	Status	Time
COMP	Pass	9:27pm
CAL	Pass	9:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County/	4ALIFAX Instrument Location HALIFAX Co. S.O.
Instrument Se	erial No. 008695 355 FERREL IN HALIFAY, NO
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that procedures w	on theday of, 20/6 the forgoing preventive maintenary rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE OF STATE OF STAT	Symm States States Signature of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:55pm 2:56pm 2:57pm 2:58pm
SUB TEST	.00	2:58pm
AIR BLK SUB TEST	.00 .00	2:59pm 3:01pm
ATR BLK	0.0	3:0.200m

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 2119

Test Date: 09/26/2016

Test Time: 3:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	3:06pm 3:06pm
FC FLC	Pass Pass	3:00pm
FC	Pass	3:0/pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
BAR	Pass	3:07pm
BT	Pass	3:07pm

Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm

CRC Tests

Test	Status	Time
COMP	Pass	3:08pm
CAL	Pass	3:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		eks, model in fox ec	
County	HALIFAX		KE RAPIDS PD
Instrument S	erial No. <u>008631</u>	1040 Roanolee 1 Roanoke RADIO	tre ds NC
The prevention four months	<u>-</u>	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	or displays pressure, or the alcoholic bre degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	e e
8.	Print test record;		
9	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that procedures w Department	on the 2 6 day of ere performed on the instrument in of Health and Human Services, and	, 20 / the findicated above, in accordance with current the instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
TATE STATE OF THE	S MM	Stokes BARIES	
	Si	gnature of Certifying Official	Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Test Record Number: 1538 Serial Number: 008635 Test Time: 5:11pm EDT Test Date: 09/26/2016

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:12pm
FLO	Pass	5:12pm
FC	Pass	5:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:12pm
SRC	Pass	5:12pm
DET	Pass	5:12pm
BAR	Pass	5:12pm
BT	Pass	5:12pm

Blank Tests

Test	Status	Time
ATR	Pass	5:13pm

Printer Tests

rest	Status	Time
PRNT	Pass	5:13pm

CRC Tests

Test	Status	Time
COMP	Pass	5:13pm
CAL	Pass	5:13pm

Preventive Maintenance Status: Pass

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635

Test Record Number: 1538

Test Date: 09/26/2016

Test Time: 5:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:12pm
FLO	Pass	5:12pm
FC	Pass	5:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:12pm
SRC	Pass	5:12pm
DET	Pass	5:12pm
BAR	Pass	5:12pm
BT	Pass	5:12pm

Blank Tests

Test	Status	Time
AIR	Pass	5:13pm

Printer Tests

1606	Status	TIME
PRNT	Pass	5:13pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:13pm
CAL	Pass	5:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	ALIFAY	Instrument Location Ro		
Instrument Seri	al No. <u>008656</u>	1040 RUANONE	AVE	ROANOKE RAPIDS
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox EC/	IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcohegree centigrade;	nolic breath s	imulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			•
4.	Enter information as prompted	1 ;		
5.	Verify instrument accuracy;	• • •		
6.	When "PLEASE BLOW" app	pears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; as	nd		
10.		nister is being changed before e anged every four months or afte		
I certify that on procedures were Department of I	the <u>26</u> day of <u>SE</u> e performed on the instrument in Health and Human Services, and	PTE-MARRA, 20 16 dicated above, in accordance w the instrument is functioning p	the forgo with current roroperly.	ing preventive maintenance egulations of the N.C.
STATE OF STA	COLIN CAROLI			
AND 12. OTH	The Signature	nature of Certifying Official		637 Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 549
Test Date: 09/26/2016 Test Time: 5:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:12pm 5:12pm
FC	Pass	5:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:12pm
SRC	Pass	5:12pm
DET	Pass	5:12pm
BAR	Pass	5:12pm
BT	Pass	5:12pm

Blank Tests

Test	Status	Time
AIR	Pass	5:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:13pm 5:13pm

Preventive Maintenance Status: Pass

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	5:03pm
AIR BLK	.00	5:04pm
ACCY CHK	.07	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD

NTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. TEMBER, 20 16 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

DHHS 4080 (11/07)

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972 Test Date: 09/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	4:45pm 4:46pm 4:47pm 4:47pm 4:48pm 4:49pm 4:50pm
AIR BLK	<i>.</i> 00	/4/51/pm

Chemical Analyst Signature of

Analyst

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972 Test Record Number: 234
Test Date: 09/04/2016 Test Time: 4:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm

CRC Tests

Test	Status	Time
COMP	Pass	4:57pm
\mathtt{CAL}	Pass	4:57pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location & Instrument Serial No. 008972 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the ______ day of ______ day of ______ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972 Test Date: 09/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	4:45pm 4:46pm 4:47pm 4:47pm 4:48pm 4:49pm 4:50pm
AIR BLÆ	.00	/4:/51;6m/

Reported AC:

Signature of Chémical Analyst

Court CyR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972 Test Record Number: 234 Test Date: 09/04/2016 Test Time: 4:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm

CRC Tests

Test	Status	Time
COMP	Pass	4:57pm
CAL	Pass	4:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JONES	Instrument Location	Jones County
Instrumen	t Serial No. <u>008 705</u>	SHERIFF'S	OFFICE
The preve		the Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the .2 degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	cy;	
6.	When "PLEASE BLOW'	appears, collect breath samp	le;
7.	When "PLEASE BLOW"	' appears, collect breath samp	ole;
8.	Print test record;		
9.	Verify Diagnostic Progra	m; and	
10.	Verify that the ethanol gas simulator solution is bein whichever occurs first.	as canister is being changed being changed every four months	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedure	hat on the <u>S</u> day of <u>s</u> es were performed on the instrument of Health and Human Services	ent indicated above, in accorda	the forgoing preventive maintenance ance with current regulations of the N.C. oning properly.
STATE OR EAT STATE OF	TATE OF MODELS	Signature of Certifying Off	10 354 icial Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 09/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:42pm 12:43pm 12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705

Test Record Number: 1082

Test Date: 09/08/2016

Test Time: 12:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:50pm

12:50pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	,	AS, MODEL INTOX E	C/IK II
County	L-BE	Instrument Location / EE	Ca JAIL
Instrument Se	rial No	<u>SAMFORD, NO</u>	1
The preventiv		intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ad .	
10.		ister is being changed before expira nged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures we	ere performed on the instrument inc	THE MOSE 2, 20 16 the dicated above, in accordance with continuous the instrument is functioning properties.	
THE STATE OF THE S	Sign	nature of Certifying Official	37/ Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 09/28/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:28pm 4:29pm 4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1670

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:35pm
FLO	Pass	4:35pm
FC	Pass	4:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:36pm
SRC	Pass	4:36pm
DET	Pass	4:36pm
BAR	Pass	4:36pm
BT	Pass	4:36pm

Blank Tests

Test	Status	Time
AIR	Pass	4:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:36pm

CRC Tests

rest	Status	Time
COMP	Pass	4:37pm
CAL	Pass	4:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	CON Instrument Location Macon Co. Jail
Instrument Seria	INO. 008789 Franklin, NC
	The state of the s
four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 27 day of September, 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF N	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:32pm
ACCY CHK	.07	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 566
Test Date: 09/27/2016 Test Time: 12:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time

12:40pm

12:40pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	acon Instrument Location Macon Co. Jail
Instrument Ser	rial No. 008618 Franklin, NC
:	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that or procedures we Department of	on the day of
STATE OF THE STATE	10 miles (1 miles 1 mi
	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	.00	12:30pm 12:31pm 12:31pm 12:32pm 12:33pm
		12:34pm 12:35pm 12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Carlot of the State of the State of the State of

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Record Number: 1679

Test Date: 09/27/2016

Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm
1111	Labb	±2.55pm

and the rest Printer Tests of Factors of Fac

Test	Status	Time
PRNT	Pass	12:39pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ecklenbung Instrument Location Bat Mobile Unit 11
Instrument Se	rial No
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2 .	Verify instrument displays time and date;
2. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 17 day of Scotember, 2014 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Cortificate Number

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Date: 09/17/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:51pm 9:52pm
ACCY CHK AIR BLK	.08	9:53pm 9:54pm
SUB TEST	.00	9:54pm
AIR BLK SUB TEST	.00 .00	9:55pm 9:57pm
AIR BLK	.00	9:58pm

Reported AC: .00 g/210L

Court CVR

MV Oo-Analyst

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973

Test Record Number: 196

Test Date: 09/17/2016

Test Time: 9:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:00pm
FLO	Pass	10:00pm
FC	Pass	10:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
DET	Pass	10:00pm
BAR	Pass	10:00pm
\mathtt{BT}	Pass	10:00pm

Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	

rest	Status	TIME	
COMP	Pass	10:01pm	
CAL	Pass	10:01pm	

mi ma

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/Y	Ocklenburg Instrument Location Bat Mabile Unit 11
Instrument S	erial No. OOB970
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
.3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATE OF CATALOG STATE OF STAT	

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Date: 09/17/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:52pm 9:53pm
ACCY CHK	.08	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK /	7 .00	9:58°DM

Signature of Chemica Analyst

Court

Analyst

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970

Test Record Number: 230

Test Date: 09/17/2016

Test Time: 10:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	10:00pm 10:00pm
FC	Pass	10:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
DET	Pass	10:00pm
BAR	Pass	10:00pm
BT	Pass	10:00pm

Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm

CRC Tests

Test	Status	Time
COMP	Pass	10:01pm
CAL	Pass	10:01pm

Preventive Maintenance Śtatus: Pasø

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	MOORE Inst	rument Location S.	BBINS POLICE DEPT
Instrument Se	rial No. <u>00 8728</u>	/SOBINS	NC
The preventive four months a	e maintenance procedures for the Intoxime	ters, Model Intox EC/IR 1	I to be followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cer		c breath simulator thermometer shows
2.	Verify instrument displays time and da	te;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, col	lect breath sample;	
7.	When "PLEASE BLOW" appears, col	lect breath sample;	
8,	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed even whichever occurs first.		
	n the <u>27</u> day of <u>SEPTE</u> ore performed on the instrument indicated a F Health and Human Services, and the instr	bove, in accordance with	
TAN QUAN VIO	Program CARO	Til Russell	7 271
	Signature of	Certifying Official	Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:00pm 2:01pm 2:01pm 2:02pm
SUB TEST AIR BLK	.00	2:03pm 2:04pm
SUB TEST AIR BLK	.00	2:05pm 2:06pm

Reported AC: .00 g/210L

Signature (of)Chemical Analyst

Court CVR

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 09/27/2016 Test Record Number: 290
Test Time: 2:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

Blank Tests

Test	Status	Time
•		*
AIR	Pass	2:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	18chlanburg Instrument Location CMPD-LEC
Instrument Se	rial No. 008691 60) E. Trade St. Charlotte
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OTHE STATE OF THE	

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691

Test Record Number: 6427

Test Date: 09/28/2016

Test Time: 9:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:36am
FLO	Pass	9:36am
FC	Pass	9:36am

Temperature Tests

Test	Status	Time
FC1	Pass	9:36am
SRC	Pass	9:36am
DET	Pass	9:36am
BAR	Pass	9:36am
BT	Pass	9:36am

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:37am

CRC Tests

rest	Status	Line
COMP	Pass	9:37am
CAL	Pass	9:37am

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 09/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	9:40am
AIR BLK	.00	9:41am
ACCY CHK		9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am
SUB TEST	00	9:45am
ATR RIK	0.0	9 · 4 6 a m

Rept/ded &C: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	aclison Instrument Location Mars H: 11 PD	_
Instrument Ser	rial No. <u>008582</u> <u>Mars 14:11, NC</u>	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	WS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	s,
procedures w	on the	ce
STATE OF THE STATE	Signature of Certifying Official Certificate Number	_

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 09/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:37pm 3:38pm 3:39pm
ACCI CHR	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1073 Test Date: 09/28/2016 Test Time: 3:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
FLO	Pass	3:45pm
FC	Pass	3:45pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:45pm 3:45pm 3:45pm 3:45pm 3:45pm
		_ T

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm

CRC Tests

Test	Status	Time
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMETE	eks, Model in Ioa ec	
County/	Mobre Co.	_ Instrument Location_/inef/	ursi Police Depi
Instrument Se	orial No	PineHurst, XIC	us.
The preventive four months a		Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breading reconstitution of the alcoholic	ath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration nanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
· · · · · · · · · · · · · · · · · · ·	/ Th. /		
I certify that procedures w	ere performed on the instrument is	the functioning properly.	ent regulations of the N.C.
Department	of Health and Human Services, and	a the manufactures functioning property.	•
STAT			
S 20 1			
GREAT STREET	CAROL		
Ten iz.			١. سه ١
OLIVATION OF THE PARTY OF THE P		1 del france	654
	Si	gnature of Certifying Official	Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 09/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.07	2:30pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Renorted AC:

00/a/210To

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 1333 Test Date: 09/06/2016 Test Time: 2:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm

CRC Tests

Test	Status	Time
COMP	Pass	2:36pm
CAL	Pass	2:36pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance or

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECH	7.3 71.5
County	More Co. Instrument Location South	ern fines 1.1)
Instrument Se	erial No. 208420 Southeren Pin	<i>1</i> € \$
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	n date, or the alcoholic breath Icoholic Breath Simulator tests,
procedures w	on the day of day, 20 the forevere performed on the instrument indicated above, in accordance with curre of Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance on tregulations of the N.C.
		•
GREAT GREAT CO. L. C.	CAROLINA CAR	
APRIL 12, 17 A FOTE QUAM V	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Columbate Humbel

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 09/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:05pm 3:06pm 3:06pm 3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported &C:

£210 حروهر

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 921 Test Date: 09/06/2016 Test Time: 3:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX,EC/IR II

a 1	INTOXIMETERS, MODEL INTOX EC/I	KII
County	ew Hanovernstrument Location Wilmi	<u> </u>
Instrument Seria	D/32	Desportmen
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alwhichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on procedures wer Department of	the force performed on the instrument indicated above, in accordance with curre repeated and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
		e e e
STATE OF STA	Notice CAROLING	
APRIL 12, TTB *** ASSE QUAM VIDEN	A. C. Marketing Official	Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 09/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:13pm 2:14pm 2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm

Penarted AC

α/2107₀

Signature of Chemical Analyst

Court CVR

16-Capalyst

Against

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 3970
Test Date: 09/29/2016 Test Time: 2:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:21pm 2:21pm
FC	Pass	2:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
\mathtt{BT}	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:22pm

2:22pm

COMP

CAL

Mr. C. Abobest

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New HANOVER Instrument Location CAROLINA BEACH R
	ent Serial No. OO8661
The prev	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	. Verify instrument displays time and date;
3	. Initiate breath test sequence;
4	. Enter information as prompted;
5	. Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
ģ	Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	by that on the
CAREAT SEA	Signature of Certifying Official STATE OF THE STATE OF T

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	3:11pm 3:12pm
ACCY CHK	.07	3:12pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 2237

Test Date: 09/27/2016

Test Time: 3:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

Temperature Tests

Status	Time
Pass	3:20pm
	Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

lest	Status	TTME
PRNT	Pass	3:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New HANDUER Instrument Location WRIGHTS VILLE BEA
Instrument S	erial No. <u>008667</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on theday ofday ofdepth See, 20 / the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
FO SESTING SECTION OF	

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:16pm 2:17pm 2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Test Date: 09/27/2016 Test

Test Record Number: 1520 Test Time: 2:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

Temperature Tests

Test	Status -	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
\mathtt{BT}	Pass	2:23pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:24pm

Preventive Maintenance Status: Pass

Pass

2:24pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No	Instrument Location MIRTHAMPTON CO SHERIFT'S
Instrument S	erial No. 008607 165 W. JEFFERSON ST. JACKSON, NO
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 26 day of SEPTEMBER, 20 6 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TALESTAL COREATON	Zno D Anith 637
-	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 09/26/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	4:03pm 4:04pm
ACCY CHK	.07	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:1.0pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 858

Test Date: 09/26/2016

Test Time: 4:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:14pm

Temperature Tests

Status	Time
Pass	4:14pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

Test	Status	TIME
PRNT	Pass	4:15pm

CRC Tests

Test	Status	Time
COMP	Pass	4:15pm
CAL	Pass	4:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NORT	HAMPTON	Instrument Location WURT	4Ampton G. S.O.
Instrument Serial	No. 008688	105 W. Jeffensn	ST Jackson, W
The preventive ma	aintenance procedures for	the Intoximeters, Model Intox EC/IR II t	o be followed at least once every
	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic b .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ce;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progran	n; and	5.7 5.7
I certify that on th procedures were p	simulator solution is being whichever occurs first. e	s canister is being changed before expirate changed every four months or after 125	Alcoholic Breath Simulator tests, e forgoing preventive maintenance rrent regulations of the N.C.
Department of ne	aith and Human Services,	and the instrument is functioning proper	y.
STATE ON O	W CAROUM		
SOF QUAM VIDER	SIMM	Stokes GARNES	662
	ş - 	Signature of Certifying Official	Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2015-05/01/2017

Officer's Name: ,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	4:03pm
AIR BLK	.00	4:04pm
ACCY CHK	.07	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:09pm
ATR BLK	.00	4:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 09/26/2016 Test Record Number: 727
Test Time: 4:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:11pm
FC	Pass Pass	4:11pm 4:11pm

Temperature Tests

Status	Time
Pass	4:11pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	4:12pm	

Printer Tests

rest	Status	Time
PRNT	Pass	4:12pm

m = ----

CRC Tests

Test	Status	Time
COMP	Pass	4:12pm
CAL	Pass	4:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A/15	WHILE Instrument Location BAT MOBILE UNIT
Instrument Ser	ial No. 008575 WRIGHTSVILLE BEACH
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
, 9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of <u>Jerrem Bern</u> , 20 1 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008575 Test Date: 09/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:58pm 1:59pm
ACCY CHK	.07	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:04pm
AIR BLK	. 0.0	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

1

Celur 1 3 - 2 Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575 Test Record Number: 960

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
\mathtt{FLO}	Pass	2:05pm
FC	Pass	2:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
${ t BT}$	Pass	2:05pm

Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:06pm 2:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ

County	Instrument Location MCAS New Kiver Pri		
Instrument Se	erial No. <u>0089/9</u>		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
·· • • • · · ·	Verify Diagnostic Program; and		
	canister is being changed before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,		
	the forgoing preventive maintenance cordance with current regulations of the N.C. actioning properly.		
· ·			
	fying Official Certificate Number		

e kept on file for at least three years.

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 09/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:43pm 12:43pm 12:44pm 12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC:

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 09/06/2016

Test Record Number: 537 Test Time: 12:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

Temperature Tests

Test	Status ·	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:51pm 12:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ENSLOW Instrument Location Ouslow County
Instrumer	nt Serial No. 008931 SHERIFF'S OFFICE
	<u> </u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the day of
COREATOR CONTRACTOR CO	STATE OF NORTH

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 09/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:00pm 12:00pm 12:01pm 12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931

Test Record Number: 2470

Test Date: 09/06/2016

Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO FC	Pass	12:07pm
F C	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
\mathtt{BT}	Pass	12:07pm

Blank Tests

Test	Status	Time	

AIR Pass 12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	

rest	Status	TIME
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance Status: Pass

Rand E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	USLOW Instrument Location ONShow Loun ty
Instrument Ser	rial No. 008932 SHERIFF'S OFFICE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the day of
STATE STATE OF THE	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 09/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:47am 11:47am 11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
ATR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kand & Half Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932

Test Record Number: 3780

Test Date: 09/06/2016

Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

Blank Tests

Test	Status	Time
AIR	Pass	11:55am

Printer Tests

Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:55am 11:55am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location JACKSONUILLE AD
Instrumer	t Serial No. <u>00 89.30</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on theday of
CREAT SE	ATE ON A OPEN A
\$ 5.55E Q	1 arely CHall 354
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 09/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .00	11:08am 11:09am 11:10am 11:11am 11:11am 11:12am
AIR BLK	.00	11:15am

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930

Test Record Number: 2026

Test Date: 09/06/2016

Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

Blank Tests

Test	Status	Time
•		
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	

Test	Status	Time
•		
COMP	Pass	11: 17am
CAL	Pass	11:17am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA.	Instrument Location CAMA Lejuene PM
Instrument Seri	al No. 008920
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
. 6.	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of September, 20 1/0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Ray EHOLD 354

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificaté Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 09/06/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:29am 10:29am 10:30am
AIR BLK	.00	10:31am
SUB TEST AIR BLK	.00 .00	10:32am 10:32am
SUB TEST	.00	10:34am
ATR BLK	. 00	10:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 09/06/2016 Test Record Number: 1299
Test Time: 10:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36am
FLO .	Pass	10:36am
FC	Pass	10:36am

Temperature Tests

Test	Status	Time
FC1	Pass	10:36am
SRC	Pass	10:36am
DET	Pass	10:36am
BAR	Pass	10:36am
BT	Pass	10:36am

Blank Tests

Test	Status	Time
AIR	Pass	10:37am

Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:37am

Preventive Maintenance Status: Pass

Pass

10:37am

CAL

Rand E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	DEANGE Instrument Location BAT NOBLE CNITTE	
Instrument Seri	ial No. 008816 CHAPEN HILL	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once even	ſу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	ЮV
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	ts,
procedures were	the	ce
THE STATE OF A PART OF THE STATE OF A PART OF THE STATE O	Signature of Certifying Official Certificate Number	_

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816 Test Date: 09/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAITENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	6:37pm 6:38pm
ACCY CHK	.07	6:39pm 6:40pm
SUB TEST	.00	6:40pm
AIR BLK	.00	6:41pm
SUB TEST	.00	6:43pm
AIR BLK	1,00/	6:44pm

Reported/AC 00 g/2:

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816 Test Record Number: 7260
Test Date: 09/10/2016 Test Time: 6:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:53pm
FLO	Pass	6:53pm
FC	Pass	6:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:54pm
SRC	Pass	6:54pm
DET	Pass	6:54pm
BAR	Pass	6:54pm
BT	Pass	6:54pm

Blank Tests

Test	Status	Time
AIR	Pass	6:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:54pm
	CRC Tests	
Test	Status	Time

COMP Pass 6:54pm CAL Pass 6:54pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OPANGE	Instrument Location Part Ma	OBILE UNIT #8
Instrument S	Serial No. <u>007775</u>	CHARL HILL	
	: _		
The prevent four months		e Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bread degree centigrade;	th simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	•	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
procedures	were performed on the instrument	indicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
SECONDARY STATES OF THE SECOND	TE ON NO THE CAROLLE STATE OF THE OWN T	Signature of Certifying Official	Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008775 Test Date: 09/10/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK	Pass .00	6:39pm 6:40pm
ACCY CHK	.08	6:40pm
AIR BLK	.00	6:41pm
SUB TEST	.00	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:44pm
AIR BLK	108	6:45pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008775 Test Record Number: 1670 Test Date: 09/10/2016 Test Time: 6:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:53pm
FLO	Pass	6:53pm
FC	Pass	6:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:53pm
SRC	Pass	6:53pm
DET	Pass	6:53pm
BAR	Pass	6:53pm
BT	Pass	6:53pm

Blank Tests

Test	Status	Time
Z T D	Dagg	6 · 54 nm

Printer Tests

Test	Status	Time
PRNT	Pass	6:54pm

CRC Tests

Test	Status	Time
COMP	Pass	6:54pm
CAL	Pass	6:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	DRALL 5
County	OPANISE Instrument Location BAT MOBILE CANTE
Instrumen	t Serial No. 008601 CHAREL HILL
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
STATE COMPANY OF THE	
	Signature of Certifying Official Certificate Number

ORANGE COUNTY BATMOBILE UNIT 8 670

Serial Number: 008601 Test Date: 09/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	6:43pm 6:44pm
ACCY CHK	.00	6:44pm
AIR BLK	.00	6:46pm
SUB TEST	.00	6:46pm
AIR BLK	.00	6:47pm
SUB TEST	.00	6:50pm
AIR BLK	.00	6:51pm

Reported Ac: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY BATMOBILE UNIT 8 670

Serial Number: 008601 Test Record Number: 1187 Test Date: 09/10/2016

Test Time: 6:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:54pm 6:54pm
FC	Pass	6:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:54pm
SRC	Pass	6:54pm
DET	Pass	6:54pm
BAR	Pass	6:54pm
BT	Pass	6:54pm

Blank Tests

Test	Status	Time
AIR	Pass	6:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:54pm

CRC Tests

Test	Status	Time
COMP	Pass	6:55pm
CAL	Pass	6:55pm

Preventive Maintenance tatus: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ORAUGE Instrument Location BAT, MOBILE ONIT 7 8
Instrument	Serial No. OO 8736 CHAREL HILL
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
CARLATES AND	Signature of Certifying Official Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008736 Test Date: 09/10/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	6:40pm
AIR BLK	.00	6:41pm
ACCY CHK	.07	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:44pm
AIR BLK	.00	6:45pm
SUB TEST	.00	6:46pm
AIR BLK	.00	6:47pm

Reported My:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008736

Test Record Number: 848

Test Date: 09/10/2016

Test Time: 6:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:52pm
FLO	Pass	6:52pm
FC	Pass	6:53pm

Temperature Tests

Status	Time
Pass	6:53pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:53pm

CRC Tests

COMP	Pass	6:53pm
CAL	Pass	6:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Of	RANGE	Instrument Location CHAPEL	HILL PD
Instrument Seria	al No. <u>008839</u>	828 MARTIN LUTHER KING CHAPEL HILL, NC	S JR BLVD
The preventive r	maintenance procedures for the Into	eximeters, Model Intox EC/IR II to be for	
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	splays pressure, or the alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time at	nd date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration date ed every four months or after 125 Alcoho	
	the day of FPT day of FPT day of Health and Human Services, and the	the forgointed above, in accordance with current reinstrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF A STATE O	Bus Sin	D Snuts	637

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 09/08/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:17am 11:18am 11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sur Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 1475

Test Date: 09/08/2016 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:25am
FLO	Pass	11:25am
FC	Pass	11:26am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:26am 11:26am 11:26am 11:26am
BT	Pass	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time

CAL Pass 11:26am

11:26am

Pass

Preventive Maintenance Status: Pass

COMP

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANGE	Instrument Location CHAPEL	HILL PD
Instrument Ser	rial No. <u>008856</u>	828 MARTINLUTHER KI CHAPEL HILL NO	
The preventive four months are		ntoximeters, Model Intox EC/IR II to be f	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9,	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration danged every four months or after 125 Alcol	nte, or the alcoholic breath holic Breath Simulator tests,
	e performed on the instrument ind	The Bell , 20 / the forgo icated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	Sign	D Smill ature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 09/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	11:16am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
ATR BLK	. 00	11:23am

1.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Record Number: 2063

Test Date: 09/08/2016

Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:25am 11:25am
FC	Pass	11:25am

Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
$\mathtt{B}\mathbf{T}$	Pass	11:25am

Blank Tests

Test	Status	Time
ATR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	ana m	

CRC Tests

Test	Status	Time
COMP	Pass	11:26am
CAL	Pass	11:26am

Preventive Maintenance Status: Pass

Analyst

是一种的。这种有效是是一种不同的对象。

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONJLOW	Instrument Location_		
Instrument Se	rial No. <u>008707</u>		JACKSONVILLE, NC	
The preventive four months a		ntoximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.		alcoholic breath simulator thermometer show	
2.	Verify instrument displays tim	Verify instrument displays time and date;		
3.	Initiate breath test sequence;	Initiate breath test sequence;		
4.	Enter information as prompted	Enter information as prompted;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed bef anged every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,	
I certify that of procedures we Department of	on the <u>lo</u> day of <u>lo</u> ere performed on the instrument in f Health and Human Services, and	dicated above, in accordant	the forgoing preventive maintenance maintenance with current regulations of the N.C. ning properly.	
STATE OF STA	S NO.	· · · · · · · · · · · · · · · · · · ·		
* FISE QUANT	<u>Que</u>	Bens	648	
e e	Sig	hature of Certifying Offic	cial Certificate Number	

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008707 Test Date: 09/16/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:07pm 11:09pm 11:09pm 11:10pm 11:11pm
AIR BLK	.00	11:12pm
SUB TEST	.00	11:13pm
AIR BLK	.00	11:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008707 Test Record Number: 2352 Test Date: 09/16/2016 Test Time: 11:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:15pm
FLO	Pass	11:15pm
FC	Pass	11:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:15pm
SRC	Pass	11:15pm
DET	Pass	11:15pm
BAR	Pass	11:15pm
BT	Pass	11:15pm

Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:16pm 11:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location	BAT MOBILE UNI.
Instrumen	t Serial No. <u>008704</u>		JACKSONVILLE, N
The preve		ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample	
7.	When "PLEASE BLOW" app	ears, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	er en
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify the procedure Departme	nat on theday of s were performed on the instrument inc nt of Health and Human Services, and	PTEMBER, 20_ licated above, in accordan the instrument is functioni	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
STATE GREAT SEA	Cellen Ry	Seture of Certifying Offici	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704 Test Date: 09/16/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:36pm 9:37pm
ACCY CHK	.07	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:41pm
ATR BLK	.00	9:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704 Test Date: 09/16/2016 Test Record Number: 419

Test Time: 9:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:43pm 9:43pm
FC	Pass	9:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm

CRC Tests

Test	Status	Time
COMP CAL	Pass	9:44pm
CAL	Pass	9:44pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location_BAT	- MOBILE UNIT	
Instrument Se	erial No. <u>008826</u>	and A	CKSONVILLE, AIC	
The preventive four months a	re maintenance procedures for the In	ntoximeters, Model Intox EC/IR II	to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic gree centigrade;	breath simulator thermometer show	
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.		ister is being changed before expira nged every four months or after 12:		
procedures w	on the 16 day of 5EF ere performed on the instrument inc of Health and Human Services, and the	licated above, in accordance with c	urrent regulations of the N.C.	
STATE CREAT	Shop Called Call		648	
		nature of Certifying Official	Certificate Number	

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008826 Test Date: 09/16/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:35pm 11:36pm 11:37pm 11:38pm 11:39pm 11:40pm 11:41pm
AIR BLK	.00	11:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

al R. B. Analyst

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008826

Test Record Number: 7961
Test Time: 11:42pm EDT

Test Date: 09/16/2016 Test Time: 11:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:43pm
${ t FLO}$	Pass	11:43pm
FC	Pass	11:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:43pm
SRC	Pass	11:43pm
DET	Pass	11:43pm
BAR	Pass	11:43pm
BT	Pass	11:43pm

Blank Tests

Test	Status	Time
AIR	Pass	11:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:44pm
CAL	Pass	11:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location_	BAT MOBILE UNI	
Instrumen	t Serial No. <u>008616</u>		RICHLANUS, NC	
The preve		Intoximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		alcoholic breath simulator thermometer shows	
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.			ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,	
I certify the procedure Department	nat on the <u>30</u> day of <u>6</u> s were performed on the instrument into f Health and Human Services, and	ndicated above, in accordant the instrument is functioning	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.	
COREAT SECTION OF SEC	AATE OF NO BELLEVILLE O	43	648	
	Si	gnature of Certifying Offici	al Certificate Number	

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008616 Test Date: 09/30/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:03pm
AIR BLK	.00	9:04pm
ACCY CHK	.07	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
ATR BIK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu B B Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

ţ

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008616

Test Record Number: 2261

Test Date: 09/30/2016

Test Time: 9:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:12pm	į

Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:12pm 9:12pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1, 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:51pm 2:52pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
ATR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 811

Test Date: 09/26/2016

Test Time: 2:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
ATR	Pass	2:59pm

Printer Tests

Test	Status	T1me
PRNT	Pass	2:59pm

CRC Tests

Test	Status	Time
COMP	Pass	2:59pm
CAL	Pass	2:59pm

Preventive Maintenance Status: Pass

Amalyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II		
County	Ender Instrument Location Pender Count	
Instrument Se	rial No. 008935 Shoriff Departmen	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
	on the day of <u>Saltember</u> , 20 16 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	



Signature of Certifying Official Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.07	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
ATR BLK	.00	3:18pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

PENDER PENDER CO SD 700

Serial Number: 008935

Test Record Number: 1985 PTest Time: 3:21pm EDT

Test Date: 09/26/2016 Test T

System Check: Passed

Baseline Tests

Test	Status Time	
IR	Pass 3:21pm	
FLO	Pass 3:21pm	
FC	Pass 3:21pm	

Temperature Tests

Test 🤟 🦠	Status Time	
	er getter i	
FC1	Pass 3:22pm	
SRC	Pass 3:22pm	
DET	Pass 3:22pm	
BAR	Pass 3:22pm	
BT	Pass 3:22pm	

Blank Tests

Test	Status	Time
AIR .	Pass	3:22pm

Printer Tests

Test		Status Time
	٠. د د	
PRNT		Pass 3:22pm

CRC Tests

Test	Status Time
COMP	Pass 3:22pm
CAL	Pass 3:22pm

Preventive Maintenance Status: Pass

Jr. Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	1 TOXINETERS, MODEL INTOX ECTIVIT
County	AmLico Instrument Location PANLico County
Instrument Seri	ial No. 008640 SHERIFF'S OFFICE
- ' <u>.</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday ofstend bert, 20 // the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OT THE STATE OF TH	Ecus O. E. L. M. 350

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 09/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	1:56pm
AIR BLK	.00	1:56pm
ACCY CHK	. 08	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	0 0	2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E Half
Analyst

PAMILICO COUNTY PAMILICO COUNTY SD 680

Serial Number: 008640

Test Record Number: 1204

Test Date: 09/08/2016

Test Time: 2:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:03pm 2:03pm
FC	Pass	2:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm

CRC Tests

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	PAMLICO Instrument Location BAT MOBILE	DNIT 9
Instrument So	Serial No. OOS647 BAYBURD	UC
The prevention four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed as are:	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator 34 degrees, plus or minus .2 degree centigrade;	thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	<u>.</u>
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breawhichever occurs first.	
	t on the 24 day of JEPTEMBEL, 20 the forgoing prevewere performed on the instrument indicated above, in accordance with current regulation of Health and Human Services, and the instrument is functioning properly.	entive maintenance as of the N.C.
THE STATE OF THE S	Ola Risa (645 ficate Number

PAMLICO COUNTY BAT MOBILE UNIT 9 680

Serial Number: 008647 Test Date: 09/24/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	9:17pm 9:18pm 9:18pm 9:19pm 9:20pm 9:21pm 9:23pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PAMLICO COUNTY BAT MOBILE UNIT 9 680

Serial Number: 008647 Test Record Number: 2276

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
\mathtt{BT}	Pass	9:26pm

Blank Tests

Test	Status	Time
AIR	Pass	9:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:27pm
	CRC Tests	
Test	Status	Time

rest	Status	Time
COMP	Pass	9:27pm
CAL	Pass	9:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	RANDOLPH Co. JAIL
Instrument Se	rial No. 008899 ASHRBORO NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the <u>20</u> day of <u>SEPTEMBER</u> , 20 <u>/6</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 09/20/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:12am 10:12am 10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Record Number: 2441

Test Date: 09/20/2016

Test Time: 10:18am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:19am 10:19am
FC	Pass	10:19am

Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
BT	Pass	10:19am

Blank Tests

Test	Status	Time
ATR	Pagg	10.20am

Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:20am

Preventive Maintenance Status: Pass

Pass

10:20am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <	ANDOLPH Instrument Location RANDOLPH Co. JAIL
Instrument Ser	ial No. <u>DOBBGO</u> <u>ASHEBORO</u> NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>20</u> day of <u>56/17/1/36/2</u> 20 // the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	NORTH CAROLIN
+ ESE QUAM VIDEA	Signature of Certificing Official Continue Visited

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 09/20/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E

Permit Number: 610 Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:36am
AIR BLK	.00	10:37am
ACCY CHK	.08	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 09/20/2016 Test Record Number: 2441
Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:44am 10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
\mathtt{BT}	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

Analyst

1	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II	EL MOUNTACTION
County 30	KINAAM Instrument Location Rocking LAM Co	JA: 1
Instrument Se	erial No. 008796 Wentworth, N.C.	. <u></u>
The preventive	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once	e every
four months a		•
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	ter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulation whichever occurs first.	oreath for tests,
I certify that of procedures we Department of	on the 30 day of 501 tember, 20 6 the forgoing preventive main were performed on the instrument indicated above, in accordance with current regulations of the N of Health and Human Services, and the instrument is functioning properly.	ntenance .C.
STATE OF THE STATE		<u></u>

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 09/30/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:57pm 12:58pm 12:59pm 1:00pm
SUB TEST AIR BLK	.00	1:00pm 1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 2268

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:04pm 1:04pm 1:04pm 1:04pm 1:04pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

		_
	CRC Tests	•
PRNT	Pass	1:05pm
Test	Status	Time

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ocking LAM Instrument Location Relasi	• .
Instrument S	erial No. 008784 Police Dep	Artwent
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foliare:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify that procedures v Department	on the 30 day of 5e plant 20 the forgoi were performed on the instrument indicated above, in accordance with current reof Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
STATE STATE STATE OF THE STATE	Signature of Certifying Official	642 Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 09/30/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	9/2±0F	Time
	1 di 41	
DIAG	Pass	11:41am
AIR BLK	.00	11:41am
ACCY CHK	.08	11:42am
AIR BLK	00	11:43am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 974
Test Date: 09/30/2016 Test Time: 11:50am EDT

System Check: Passed

r in the second second

Baseline Tests

Test	Status	Time
IR	Pass	11:51am
FLO	Pass	11:51am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time :
	:	
ΛTD	Dagg	11 52am

Printer Tests

Test	Status	Time
PRNT	Pass	11:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:52am

Preventive Maintenance Status: Pass

Pass

11:52am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<u></u>	INTOXIMETERS, MODEL INTOX EC/IR II
County_*	Instrument Location China 65 rove
Instrument	Serial No. 008862 Police Departmost
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmen	nat on the day of
CONTRACTOR OF THE CONTRACTOR O	

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 09/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.07	2:58pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

Analyst

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Record Number: 654

Test Date: 09/06/2016

Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
F'LO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

Blank Tests

Test	Status	Time
7\ T"T)	Daga	2 . 0 6:0m

Printer Tests

Test	Status	Time
PRNT	Pass	mq80:E

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II	
County /	OWAN Instrument Location SAIISburg	<u> </u>
Instrument Se	Serial No. 008835 Police Departm	ent
		·
The preventive four months a	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at less are:	east once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator th 34 degrees, plus or minus .2 degree centigrade;	ermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	e e
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	
	at on the day of	ive maintenance of the N.C.
O'ME STATE	Signature of Certifying Official Certific	4 2 ate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 09/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:55pm 12:57pm
ACCY CHK	.07	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Court CVR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1879

Test Date: 09/06/2016

Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:03pm
FLO	Pass	1:03pm
FC	Pass	1:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
\mathtt{BT}	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\tilde{\Omega}$	INTOXIMETERS, MODEL INTOX EC/IR II
County / OC	WAN Instrument Location SA/15 by RI
Instrument Seria	al No. 008868 Police Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of <u>September</u> , 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'ME STATE OF THE	CAROLINA CAR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 09/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621501

Exp Date: 08/02/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:30pm 12:31pm 12:32pm 12:32pm 12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 2601

Test Date: 09/06/2016

Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:39pm

12:39pm

Preventive Maintenance Status: Pass

Pass

CAL

L. Tenn Dean

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Sa	Instrument Location Swain Co. Jail
Instrument Seri	al No. 008606 Bryson City, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 23 day of September, 20/6 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TANK STATE OF THE	Chile Cuth 635
	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008606 Test Date: 09/23/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	3:07pm 3:08pm 3:08pm 3:10pm 3:11pm 3:13pm 3:14pm
		- · - · P

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Caf R. Cuth

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008606 Test Date: 09/23/2016

Test Record Number: 310
Test Time: 3:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
		4
PRNT	Pass	3:18pm

CRC Tests

Test	Status	Time
COMP	Pass	3:18pm
CAL	Pass	3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Swain	Instrument Location Swain Co. Tail
Instrument Serial No<	008723 Bryson City NC
The preventive maintena four months are:	ance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show trees, plus or minus .2 degree centigrade;
2. Verify	instrument displays time and date;
3. Initiate	e breath test sequence;
4. Enter i	information as prompted;
5. Verify	instrument accuracy;
6. When	"PLEASE BLOW" appears, collect breath sample;
7. When	"PLEASE BLOW" appears, collect breath sample;
8. Print to	est record;
9. Verify	Diagnostic Program; and
simula	that the ethanol gas canister is being changed before expiration date, or the alcoholic breath ator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ever occurs first.
I certify that on the	day of <u>September</u> , 20 <u>/6</u> the forgoing preventive maintenance med on the instrument indicated above, in accordance with current regulations of the N.C. and Human Services, and the instrument is functioning properly.
THE STATE OF NO. 17 TO	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 09/23/2016

Citation Number: M0000000-0 Subject's Name:

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:

09/01/2015-09/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:07pm 3:08pm 3:08pm 3:09pm 3:10pm
AIR BLK SUB TEST	.00	3:11pm 3:12pm
AIR BLK	.00	3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Orif R. Cuth
Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723

Test Record Number: 641

Test Date: 09/23/2016

Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
\mathtt{BT}	Pass	3:16pm

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	3 · 17mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

County Son Instrument Location Sampson County

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- Verify instrument displays time and date;
- Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the ______ day of ______ tember____, 20_____ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 09/22/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:19am 10:19am 10:20am 10:21am
SUB TEST AIR BLK	.00 .00	10:21am 10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC:

80∕√g/210⁄L

Signature of Chemical Analyst

Court CVR

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 2164
Test Date: 09/22/2016 Test Time: 10:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27am

Preventive Maintenance Status: Pass

Pass

10:27am

CAL

K-C Mode

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	ampson Instrument Location Sampson County
Instrument Ser	rial No. 008877 Sheriff Department
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9. 🕾	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the <u>Jay of Sentember</u> , 20 <u>(0)</u> the forgoing preventive maintenance per performed on the instrument indicated above, in accordance with current regulations of the N.C. if Health and Human Services, and the instrument is functioning properly.
O'THE STATE	



Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 09/22/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:20am 10:20am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: .00, 5/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

4000

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 2381 Test Date: 09/22/2016 Test Time: 10:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:28am 10:28am
FC	Pass	10:28am

Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

Blank Tests

Test	Status	Time
AIR	Pass	10:29am

Printer Tests

Status

Time

Test

PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am 10:29am

Preventive Maintenance Status: Pass

K. C. Much

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_5	urcy In	strument Location Surry C	ounty Jail
Instrument Se	erial No. <u>008934</u>	Dobson	, N.C.
The preventiv	ve maintenance procedures for the Intoximare:	neters, Model Intox EC/IR II to be 1	followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		simulator thermometer show
2.	Verify instrument displays time and o	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before expiration devery four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that of procedures we Department of	on the day of Health and Human Services, and the ins	d above, in accordance with current	oing preventive maintenance regulations of the N.C.
STATE CREAT SO. L. S. L.	E Och log III	of Certifying Official	Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

g/210L	Time
Pass .00 .07	1:58pm 1:58pm 1:59pm
	2:00pm
	2:01pm
.00	2:02pm
.00	2:03pm
.00	2:04pm
	Pass .00 .07 .00 .00

Reported AC: .00 a/21

Signature of Chemical Analyst

Court CVR

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 1673

Test Date: 09/26/2016

Test Time: 2:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:06pm 2:06pm
FC	Pass	2:06pm

Temperature Tests

Status	Time
Pass	2:06pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

CRC Tests

Test	Status	Time
COMP	Pass	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	urry	Instrument Location_	Mount	Airy
Instrument Se	rial No. <u>(1)</u>		Police	Department
			,	
The preventiv	e maintenance procedures for the I	Intoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath s	imulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;		•	
4.	Enter information as prompted	! ;		•
5.	Verify instrument accuracy;		•	
6.	When "PLEASE BLOW" app	pears, collect breath sampl	e;	
7.	When "PLEASE BLOW" app	pears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.			
	on the <u>day of</u> day of day of the ere performed on the instrument in f Health and Human Services, and		nce with current re	ing preventive maintenance egulations of the N.C.
STATE STATE OF THE				
•	Sig	nature of Certifying Offic	iâl	Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 09/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:42pm 2:43pm
ACCY CHK	.00	2:43pm 2:44pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	,00	2:47pm
ATR RIK	∕ nn	2 · 48pm

Reported AC:

00) g/210I

Signature of Chemical Analyst

Court CVR

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 1857

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

Printer Tests

Test	Status	Time

PRNT Pass 2:50pm

CRC Tests

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Su	cry	Instrument Location / 1/0/	Mountain
Instrument Ser	ial No. <u>008958</u>	Police	Department
The preventive four months ar		ne Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath 2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration da changed every four months or after 125 Alcol	nte, or the alcoholic breath holic Breath Simulator tests,
	e performed on the instrument	indicated above, in accordance with current and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TOTAL STATE OF THE	Acount Carolina Committee	A Sold State of the State of th	657
	<i>/</i>	Signature of Certifying Official	Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
ver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:35am 11:36am 11:36am 11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST AIR BLK	.00 .00	11:40am 11:41am
WIN DIM		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Record Number: 559

Test Date: 09/27/2016

Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

Test	• • •	Status	Time
IR		Pass	11:43am
FLO		Pass	11:43am
FC		Pass	11:43am

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time	

AIR Pass 11:43am

Printer Tests

Test Status Time	Test	Status	Time
------------------	------	--------	------

PRNT Pass 11:44am

CRC Tests

Test	Status	Time
COMP	Pass	11:44am
CAT.	Pass	11:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	or Lair	Instrument Location PAT N	NOVE CALL TO
County	COLATION	mstrument Location () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ANALE CALIFF
Instrument Se	rial No. <u>008776</u>	LAJEINBURG	
	and the second s		
The preventive four months a		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic breaegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	! ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration unged every four months or after 125 Al	
	re performed on the instrument in	the following properly.	orgoing preventive maintenance on tregulations of the N.C.
THE STATE OF THE S	CAROL		
	Sio	nature of Certifying Official	Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 10 820

Serial Number: 008776 Test Date: 09/03/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAITENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test		g/210L	Time
	BLK CHK BLK TEST	Pass .00 .08 .00 .00 .00	8:42pm 8:43pm 8:44pm 8:45pm 8:45pm 8:45pm 8:46pm 8:47pm 8:48pm
	/		

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 10 820

Serial Number: 008776 Test Date: 09/03/2016 Test Record Number: 3339

Test Time: 8:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:52pm
FLO	Pass	8:52pm
FC	Pass	8:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:53pm

CRC Tests

rest	Status	Time
COMP	Pass	8:53pm
CAL	Pass	8:53pm

Prementive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	OTLAND Instrument Location CAT MOBILE UNIT 10
Instrument Seria	1No. 00 8686 LAURINBURG
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	See Local Lo
. ``	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 10 820

Serial Number: 008686 Test Date: 09/03/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:44pm 8:45pm 8:45pm 8:46pm 8:47pm 8:48pm 8:49pm
AIR BLK	.00	8:50pm

Report AC;

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 10 820

Serial Number: 008686 Test Test Date: 09/03/2016 Test

Test Record Number: 6437 Test Time: 10:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:07pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:07pm 10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:07pm
CAL	Pass	10:07pm

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the	County	COTLAND Instrument Location RAT MOR	NE ONT TO
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	Instrument Ser	ial No. OO8530 LAURINBURG	
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	•		e followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first. I certify that on the	2.	Verify instrument displays time and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	3.	Initiate breath test sequence;	
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. 1 certify that on the	4.	Enter information as prompted;	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	5.	Verify instrument accuracy;	
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	8.	Print test record;	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and	
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
LAN WILLIAM WI	nrocedures we	ere performed on the instrument indicated above, in accordance with curre	rgoing preventive maintenance nt regulations of the N.C.
	OTHE STATE OF THE	CAROLINIA CAROLI	(da 1
	- unau	14-1-1 N	Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 10 820

Serial Number: 008580 Test Date: 09/03/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONNE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210 L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	8:43pm 8:44pm 8:44pm 8:45pm 8:46pm
AIR BLK SUB TEST	.00 .00	8:46pm 8:48pm
AIR BLK/	.00	8:49pm

Reported AC .00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 10 820

Serial Number: 008580 Test Record Number: 2319 Test Date: 09/03/2016 Test Time: 8:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:54pm
FLO	Pass	8:54pm
FC	Pass	8:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:54pm
SRC	Pass	8:54pm
DET	Pass	8:54pm
BAR	Pass	8:54pm
BT	Pass	8:54pm

Blank Tests

Test	Status	Time
AIR	Pass	8:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:55pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:55pm
CAL	Pass	8:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Sc	otland Co. Instrument Location LAURIN BURG P. D.
Instrument Seria	al No. 008834 LAURIN BURG, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of <u>Septembere</u> , 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
. •	
WE STATE OF THE PROPERTY OF TH	
OCAM VIDE	Signature of Certificing Official Certificate Number

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 09/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:18pm
ACCY CHK	.08	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	1.2:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm

Reported ACy .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834

Test Record Number: 767

Test Date: 09/06/2016

Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
F'LO	Pass	12:25pm
FC	Pass	12:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
ET	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

rest	Status	TIME
PRNT	Pass	12:26pm

CRC Tests

Test	Status	Time
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ecotland Co. Instrument Location Scotland Co. Vail
Instrument Se	
-	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of
THE STATE OF THE S	
Common of the Co	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 09/06/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG607601 Exp Date: 03/18/2018

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK AIR BLK	.08	1:04pm
SUB TEST	.00	1:05pm 1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1246
Test Date: 09/06/2016 Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm

CRC Tests

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Instrument Location Vance	
		156 Chroch Herderson, NE	
	e maintenance procedures for the	Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic budegree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	•
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expirat hanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that oprocedures w Department o	on the <u>23</u> day of <u>5</u> ere performed on the instrument of Health and Human Services, an	, 20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	forgoing preventive maintenance rrent regulations of the N.C.
STATE OREAT TO THE STATE OF THE	A AROUND TO THE PARTY OF THE PA	Tolos Frances	66 Zm
	All and the second seco	Signature of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 09/23/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:58pm 12:59pm 1:00pm 1:00pm 1:01pm 1:02pm 1:03pm
SUB TEST AIR BLK	.00	1:03pm
ATK PUL	.00	T:04bm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: Test Diagnostics

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 System Date: 09/23/2016 System Time: 1:10pm EDT

Flow Baseline: 256
Flow Peak: 766
Blow Time: 2.88
Flow Volume: 2146
Ethanol Baseline: 3131
Ethanol Delta: .03
CO2 Baseline: 3106
CO2 Delta: 1330

Fuel Cell Gain: 2 Quick Zero Peak: 204 Cal Factor 1: 3579 Cal Factor 2: 7283

Fuel Cell Baseline: 480 Fuel Cell SB Baseline: 480

Integral: 19714
Absolute Peak: 641
Peak 1: 47

Time 1: 314
Peak 2: 0
Time 2: 0
Peak 4: 0
Time 4: 0
FACT Result: .00

Test Status: Success

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VA	NCE Instrument Location VANCE Co. SHERIFF'S DFFICE
Instrument Seri	al No. DO8870 156 CHURCH ST. HENDERSON, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	the 23 day of SEPTEMBER, 20 16 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CONTROL OF THE STATE OF THE STA	Bus a Smith 637
	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 09/23/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:57pm 12:58pm 12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:03pm
ATR BLK	. 00	1:03pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 1505 Test Date: 09/23/2016 Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

Temperature Tests

Status	Time
Pass	1:05pm
	Pass Pass Pass Pass

Blank Tests

lest	Status	TIME
AIR	Pass	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County L	Ashing Town Instrument Location Washing TON CO. S.O.
Instrument Seri	Instrument Location (Mashing TON CO. S.O. al No. 008829 Adams ST., Plymouth, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the day of
N N N N N N N N N N N N N N N N N N N	CAROLL

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 09/12/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:57pm 12:58pm
ACCY CHK	.07	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:02pm
ATR BUK	0.0	1 + 0.3 rpm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lines level
Analyst

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Re

Test Record Number: 736
Test Time: 1:04pm EDT

Test Date: 09/12/2016 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

Temperature Tests

SRC Pass 1:05pm DET Pass 1:05pm BAR Pass 1:05pm	Test Status		T'ime
BAR Pass 1:05pm			1:05pm 1:05pm
<u> -</u>	DET.	Pass	-
BT Pass 1:05pm	BAR	Pass	1:05pm
	BT	Pass	1:05pm

Blank Tests

Test	Status	T'ime
AIR	Pass	1:05pm

Printer Tests

Test	Status	T'ime	
PRNT	Pass	1:05pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	1:06pm	

Preventive Maintenance Status: Pass

CAL

Pass 1:06pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	layne	Instrument Location Wayne Co. Netertion (
Instrument Seria	11 No. 1004479	207 E. Chessput ST., Goldsen.
The preventive r four months are:		toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer show tree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;
7.	When "PLEASE BLOW" appear	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
	performed on the instrument indic	the forgoing preventive maintenance dated above, in accordance with current regulations of the N.C. is instrument is functioning properly.
TO THE STATE OF NO.	O CAROLINA C	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 09/27/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:45pm 12:46pm 12:47pm 12:48pm 12:48pm 12:49pm 12:51pm
AIR BLK	.00	12:52pm

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 484
Test Date: 09/27/2016 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	12:53pm	
FLO	Pass	12:53pm	
FC	Pass	12:53pm	

Temperature Tests

Test Status		Time		
FC1	Pass	12:53pm		
SRC	Pass	12:53pm		
DET	Pass	12:53pm		
BAR	Pass	12:53pm		
BT	Pass	12:53pm		

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test	Status	Time	
PRNT	Pass	12:54pm	
	CRC Tests		
Test	Status	Time	
COMP CAL	Pass Pass	12:54pm 12:54pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	112 de la comunicación In	strument Location	1541	Miss.Le	booking of the manus who
Instrument S	Serial No. 628775	(San	- Vingo or or having	
	Address Section 20 pt				<u>-</u> .
The preventi four months	ive maintenance procedures for the Intoxin are:	neters, Model Intox E	EC/IR II to I	oe followed at lea	ast once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree of		coholic bre	ath simulator the	rmometer shows
2.	Verify instrument displays time and	date;			
3.	Initiate breath test sequence;	\			
4.	Enter information as prompted;			•	į
5.	Verify instrument accuracy;	8			
<i>i</i> 6.	When "PLEASE BLOW" appears, c	ollect breath sample;	ı		
7.	When "PLEASE BLOW" appears, o	ollect breath sample;	ı		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed beforevery four months or	re expiration after 125 A	n date, or the alco lcoholic Breath S	oholic breath Simulator tests,
procedures v	t on theday ofday of	l above, in accordanc	e with curr	ent regulations of	ve maintenance f the N.C.
THE STATE OF THE S		of Certifying Officia		Continue to the continue to th	te Number

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775

Test Record Number: 1679

Test Date: 09/23/2016 Test Time: 10:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55pm
FLO	Pass	10:55pm
FC	Pass	10:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:55pm
SRC	Pass	10:55pm
DET	Pass	10:55pm
BAR	Pass	10:55pm
BT	Pass	10:55pm

Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

Printer Tests

Test Status 1

PRNT 10:56pm Pass

CRC Tests

Test Status Time

COMP Pass 10:56pm CAL Pass 10:56pm

Preventive Maintenance

Status: Pass

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775 Test Date: 09/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G Permit Number: 9372E Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:38pm 10:39pm 10:39pm 10:40pm 10:41pm 10:42pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:44pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	JARREN Instrument Location WASTER GO LEC
Instrument Ser	rial No. 008793 128 RAFTERS Ln WARRENGEN NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the, 20 /, the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Som Holes Barnes CCZ
	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 09/23/2016

Citation Number: M0000000-0
Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2015-05/01/2017

Officer's Name:
PREVENTIVE, MAINTENANCE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:52pm 2:53pm 2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AG: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1098
Test Date: 09/23/2016 Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:00pm 3:00pm
FC	Pass	3:00pm

Temperature Tests

Test	Status.	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

Printer Tests

rest	Status	TIME
PRNT	Pass	3:01pm

CRC Tests

Test	Status	Time
COMP	Pass	3:01pm
CAL	Pass	3:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	Instrument Location BAT MORICE CANT TIO
Instrument Seria	11 No. 008584 CARY
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the day of SEPT, 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Date: 09/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective: 05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:57pm
AIR BLK	.00	10:58pm
ACCY CHK	.07	10:59pm
AIR BLK	.00	11:00pm
SUB TEST	.00	11:01pm
AIR BLK	.00	11:02pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2135 Test Date: 09/09/2016 Test Time: 11:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:06pm
FLO	Pass	11:06pm
FC	Pass	11:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:06pm
SRC	Pass	11:06pm
DET	Pass	11:06pm
BAR	Pass	11:06pm
BT	Pass	11:06pm

Blank Tests

Test	Status	Time
AIR	Pass	11:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:07pm

CRC Tests

Test	Status	Time
COMP	Pass	11:07pm
CAL	Pagg	11.07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JAKE	Instrument Location <u>FAT NOT</u>	SHE CHITT 10
Instrument Ser	ial No. <u>©O 8686</u> _	CARY	
The preventive four months as	e maintenance procedures for the Intox	imeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breat e centigrade;	h simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
, 10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	is being changed before expiration devery four months or after 125 Ald	date, or the alcoholic breath coholic Breath Simulator tests,
procedures we	n the day of	ted above, in accordance with currer	rgoing preventive maintenance nt regulations of the N.C.
A SEE GLAM VO	A CAROLINA C		120/
	Signatu	re of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 09/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:40pm
AIR BLK	.00	9:41pm
ACCY CHK	.07	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:46pm
AIR BLK.	.00	9:47pm

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Record Number: 6442
Test Date: 09/09/2016 Test Time: 10:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:23pm
FLO	Pass	10:23pm
FC	Pass	10:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:23pm
SRC	Pass	10:23pm
DET	Pass	10:23pm
BAR	Pass	10:23pm
BT	Pass	10:23pm

Blank Tests

Test	Status	Time
AIR	Pass	10:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:24pm

CRC Tests

Test	Status	Time
COMP	Pass	10:24pm
CAL	Pass	10:24pm

Preventive Maintenance Status: Pass

′)

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	(~).	AKE	Instrument Location BAT	MOBILE UNIT # 10
Instrumen	t Serial	No. <u>008776</u>		
· ·				
The preve		aintenance procedures for the Int	oximeters, Model Intox EC/IR	II to be followed at least once every
1.		Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		c breath simulator thermometer show
2.		Verify instrument displays time	and date;	
3.		Initiate breath test sequence;		
4.		Enter information as prompted;		
5.		Verify instrument accuracy;		
6.	4	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	÷	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.		Print test record;		
9.		Verify Diagnostic Program; and		
10.				iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedure	s were	he <u>day of</u> <u>t</u> performed on the instrument indicall ealth and Human Services, and the	cated above, in accordance with	the forgoing preventive maintenance a current regulations of the N.C. perly.
S S S S S S S S S S S S S S S S S S S	TATE OF NO. 22, 1775	R. CARO	iture of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Date: 09/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:38pm 9:39pm 9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	/ .00	9:44pm

.00 g/210L

Signature

Chemical Analyst

Court CVR

Analyst This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch **Department of Health and Human Services**

Rev. 12/2007

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008776 Test Record Number: 3343 Test Date: 09/09/2016 Test Time: 10:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:22pm
FLO	Pass	10:22pm
FC	Pass	10:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:23pm
SRC	Pass	10:23pm
DET	Pass	10:23pm
BAR	Pass	10:23pm
BT	Pass	10:23pm

Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23pm 10:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location <u> <u>よ</u>みす <u>人</u>れ</u>	CHE CALIT #8
Instrument	Serial No. <u>CO 7729</u>	ZEBULONI	
The preven		e Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bread degree centigrade;	th simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	}	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
procedures	were performed on the instrument	indicated above, in accordance with currend the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
MA GREAT OF STATE OF	ATE OF NORTH		<u>(dol</u>
	· S	Signature of Certifying Official	Certificate Number

WAKE COUTNY BAT MOBILE UNIT 8 910

Serial Number: 008929 Test Date: 09/16/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

9/2:00	Time
Pass .00	6:58pm 6:59pm 7:00pm
.00	7:01pm
.00	7:02pm
.00	7:03pm
.00	7:05pm
.00	7:06pm
	.00 .07 .00 .00

Reported/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUTNY BAT MOBILE UNIT 8 910

Serial Number: 008929

Test Record Number: 985

Test Date: 09/16/2016

Test Time: 7:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:53pm
FLO	Pass	7:53pm
FC	Pass	7:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:53pm
SRC	Pass	7:53pm
DET	Pass	7:53pm
BAR	Pass	7:53pm
BT	Pass	7:53pm

Blank Tests

Test	Status	Time

AIR Pass 7:54pm

Printer Tests

Test	Status	Time

PRNT Pass 7:54pm

CRC Tests

Test	Status	Time
COMP	Pass	7:54pm
CAL	Pass	7:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JAKE Instrument Location BAT NOBILE UNIT TES
Instrument Seria	al No. OOBOLO ZEBULON
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OTHE STATE OF THE OF TH	Signature of Certifying Official Certificate Number

WAKE COUTNY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Date: 09/16/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	7:00pm
AIR BLK	.00	7:01pm
ACCY CHK	.07	7:01pm
AIR BLK	.00	7:02pm
SUB TEST	.00	7:02pm
AIR BLK	.00	7:03pm
SUB TEST	.00	7:05pm
NTD BIK	0.0	$7 \cdot 0.6 \text{rm}$

Reported AZ:7 .00 g/210L

Signature

Chemical Analyst

Court CVR

WAKE COUTNY BAT MOBILE UNIT 8 910

Serial Number: 008816

Test Record Number: 7263

Test Date: 09/16/2016

Test Time: 7:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:07pm
FLO	Pass	7:07pm
FC	Pass	7:07pm

Temperature Tests

Status	Time
Pass	7:07pm
	Pass Pass Pass Pass

Blank Tests

Test Status T	\mathtt{Time}
---------------	-----------------

AIR Pass 7:08pm

Printer Tests

Test.	Status	Time
TESL.	อเสเมธ	1 1 11116-7

PRNT Pass 7:08pm

CRC Tests

Test Status Time

COMP Pass 7:08pm CAL Pass 7:08pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LIAKE	_ Instrument Location $\beta \beta au$	MOBILE UNIT # 8
Instrument S	Serial No. <u>(008775</u>	ZEBULOr!	
The prevent four months	•	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		c breath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		·
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; a	and	
10.			iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that procedures v Department	t on the day of day of day of of Health and Human Services, and	ndicated above, in accordance with	the forgoing preventive maintenance a current regulations of the N.C. perly.
TATO STATE OF THE	HE ON NOTIFIED TO A CONTROL OF THE C		(201
		gnature of Certifying Official	Certificate Number
A Comment of the Comment	·		

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775 Test Date: 09/16/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	6:57pm 6:58pm 6:58pm 6:59pm
SUB TEST	.00	7:00pm
AIR BLK	.00	7:01pm
SUB TEST	.00	7:02pm
AIR BLK	/.20>	7:03pm

Reported AC: .00 g/210L

Signatur of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775

Test Record Number: 1673

Test Date: 09/16/2016

Test Time: 7:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:05pm
FLO	Pass	7:05pm
FC	Pass	7:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:06pm
SRC	Pass	7:06pm
DET	Pass	7:06pm
BAR	Pass	7:06pm
BT	Pass	7:06pm

Blank Tests

Test	Status	Time
AIR	Pass	7:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:06pm

Objective Military

CRC Tests

Test	Status	Time
COMP	Pass	7:06pm
CAL	Pass	7:06pm

Preventive Maintenance

Status: Pass

Analyst